



Cobb County Business License
191 Lawrence Street, Marietta, GA 30060-1692
Phone (770) 528-8410 Fax (770) 528-8414

Professional Occupation Tax Form

Payment must be filed with this form to pay Occupation Tax. You will not be billed.

This Business is:

- () New to Cobb County
() Ownership Change / Date ownership changed _____
() I am filing a name/ or address change for license # _____

Is this business located: () Outside Cobb () In Unincorporated Cobb () Inside a City

1. Name Doing Business As _____ Phone # () _____

2. Name of Corporation _____

3. Business Address _____ Suite# _____ City _____ State _____ Zip _____

4. Mailing Address _____ Suite# _____ City _____ State _____ Zip _____

5. Is property zoned () Residential () Commercial () Industrial ?

Full Detailed Description of Professional Activity or Business Activity _____

6. Are you an individual professional operating in a larger practice? () Yes () No

7. Estimated Gross Receipts in GA from this location for the remaining calendar year. \$ _____

8. Date Business began in Cobb County _____

If a firm, answer questions 9-13. If an individual professional, please skip to question # 13.

9. President/ Managing Member _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

10. Vice President/ Member _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

11. Secretary/ Member _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

12. Treasurer/ Member _____ SSN# _____

Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/ Drivers License # _____ State _____

13. Individual professional _____ SSN# _____
Home Address _____ Apt# _____ City _____ State _____ Zip _____
Home Phone () _____ D/O/B ____/____/____/Drivers License # _____ State _____

14. Person Completing Application _____ Title _____
Business Address _____ Apt # _____ City _____ State _____ Zip _____
Business Phone () _____ Fax () _____

If this property is zoned residential. No clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 1 ½ tons used as transportation by the occupant may be parked at the residence.

**I will comply with the Zoning
Restrictions stated above: _____
(initials)**

I swear or affirm that I have obtained or will obtain within sixty days of the date of this application a Cobb County Certificate of Occupancy as required by State law for the address listed on this application. I further understand I will call the Fire Marshal's Office with any questions regarding a Certificate of Occupancy at (770) 528-8310.

Signature: _____

I, _____, affirm that the facts stated by me are true.
This _____ day _____, _____.

Signature of Applicant: _____
Title: () Owner () Manager () Other _____

OFFICE USE ONLY:

Business License # _____ SIC # _____ Category _____ BL STAFF _____

Tax or Fee _____ Penalty _____ Interest _____ Total Due \$ _____

Receipt # _____

**Method of payment: CASH / CHECK #
(circle one)**